

Attorney Docket No. 0179.210US

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ramin Akhavan  
TELEPHONE NUMBER: 571-272-0766

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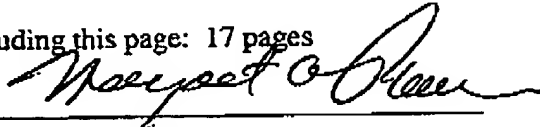
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 09/886,942, filed June 21, 2001, entitled NOVEL CHIMERIC PROMOTERS, are being facsimile transmitted to USPTO facsimile number 571-273-8300 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, Mail Stop AF on the date shown below:

Documents Attached

1. Amendment (12 pages)
2. Transmittal Form by facsimile (1 page)
3. Petition for Extension of Time Under 37 CFR § 1.136(a) (1 page plus one copy)
4. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 17 pages

Dated: January 31, 2006

  
Margaret A. Powers  
Reg. No. 39,804

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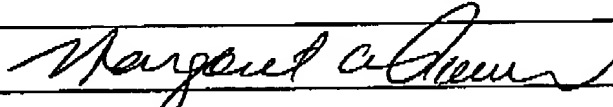
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/886,942	
	Filing Date	June 21, 2001	
	First Named Inventor	Juha Punnonen	
	Group Art Unit	1636	
	Examiner Name	Ramin Akhavan	
Total Number of Pages in This Submission	17	Attorney Docket Number	179.210US

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Facsimile Transmission Cover Sheet (1 pg)
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0890 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Margaret A. Powers, Reg. No. 39,804
Signature	
Date	January 31, 2006

CERTIFICATE OF FACSIMILE TRANSMITTAL UNDER 37 C.F.R. §1.8			
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Typed or printed name	Margaret A. Powers	Date	January 31, 2006
Signature			

PTO/SB/17 (12-04-2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1020.00****Complete if Known**Application Number **09/886,942**Filing Date **June 21, 2001**First Named Inventor **Juha Punnonen, et al.**Examiner Name **Akhavan, Ramin**Art Unit **1636**Attorney Docket No. **0179.210US****RECEIVED****CENTRAL FAX CENTER****JAN 31 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number **50-0990** Deposit Account Name **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	200
Multiple dependent claims	360
<b>Multiple Dependent Claims</b>	
Fee (\$)	Fee Paid (\$)

Total Claims Extra Claims Fee (\$)

- 20 or HP =  $\times$  =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP =  $\times$  =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = 2 (round up to a whole number)  $\times$  = Fee Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time to Respond (for 3 months)

Fees Paid (\$)

**1020.00****SUBMITTED BY**

Signature

*Margaret A. Powers*Registration No. **39,804**  
(Attorney/Agent)Telephone **(650) 298-5809**

Name (Print/Type)

**Margaret A. Powers**

Date

**1/31/06****Certificate of Facsimile Transmission under 37 C.F.R. §1.8**I hereby certify that this communication is being facsimile transmitted to the United States Patent and Trademark Office  
Facsimile No. (571) 273-8300 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, Mail Stop AF on the date below:Typed or Printed Name: **Margaret A. Powers**Date: **January 31, 2006**

Signature:

*Margaret A. Powers*